

SGOID#:

Date Rec'd:

Rec'd/Rc'd by:

For SD DOI use only

**Partners in Education Tax Credit Program
Education Scholarship Contribution for Tax Credit Receipt**

Section I: Scholarship Granting Organization Information

Scholarship Granting Organization Name		SGO Identification Number	
Business Street Address	City	State	ZIP

Section II: Contributing Insurance Company Information

Insurance Company Making Contribution			NAIC #
Business Street Address	City	State	ZIP
Contact at Insurance Company	Email	Phone #	

Section III: Contribution Detail

Contribution amount: \$

Authorization tracking # issued by South Dakota Division of Insurance ("Division")

Date authorization tracking # was received from the Division

Date the contribution was received from the insurance company:

I certify that the above-named scholarship granting organization received the contribution listed from the insurance company on the date shown. This contribution receipt is being filed with the Division as a formal record of the contribution received from the named company that may be claimed toward a premium tax credit. This receipt has been provided to the contributing insurance company. The contributing insurance company must attach this receipt to the annual premium tax return to claim the applicable tax credit associated with this contribution. Failure to provide this receipt, notify Division of contribution, or otherwise comply with state and/or federal law and the Partners in Education Tax Credit Program requirements may impact the organization's participation in the Program and an insurance company's premium tax credit claimed for scholarship contributions may be disallowed.

Signature of Authorized Representative of Scholarship Granting Organization

Date

Printed Name of Authorized Representative

A copy of the completed receipt must be emailed to the Division of Insurance at SDInsuranceTaxCredit@state.sd.us.

Partners in Education Tax Credit Program Education Scholarship Contribution for Tax Credit Receipt Instructions

WHO MUST USE THIS FORM?

Scholarship granting organizations (“SGOs”) participating in the Partners in Education Tax Credit Program (“Program”) must issue this receipt to any licensed insurance company seeking a tax credit who makes a contribution for educational scholarships.

The SGO must contact the South Dakota Division of Insurance (“Division”) to determine if tax credit is available prior to accepting any contribution from a licensed insurance company seeking a tax credit.

WHEN MUST THE RECEIPT BE ISSUED?

SGO must provide completed receipt to contributing insurance company after funds for contribution are received.

A copy of the completed receipt must be submitted to the Division by email as shown at bottom of form.

HOW IS THE TAX CREDIT CLAIMED BY THE CONTRIBUTING INSURANCE COMPANY?

The completed receipt must be submitted with the insurance company’s annual premium tax return where the tax credit claim is recorded.

Section I: Scholarship Granting Organization Information

<u>For this category:</u>	<u>Enter:</u>
Scholarship Granting Organization Name	⇒ SGO Name
SGO Identification Number	⇒ Identification number issued to SGO by the Division
Business Address	⇒ SGO office location, including street address, city/state/zip code

Section II: Contributing Insurance Company Information

<u>For this category:</u>	<u>Enter:</u>
Insurance Company Making Contribution	⇒ Name of insurance company seeking tax credit by making contribution to SGO for educational scholarships
NAIC #	⇒ Insurance company’s identification number as assigned by the National Association of Insurance Commissioners (NAIC)
Business Address	⇒ Insurance Company office location, including street address, city/state/zip code
Contact at Insurance Company	⇒ Name of contact at insurance company working with SGO on contribution transaction
Email	⇒ Email for insurance company contact
Phone #	⇒ Phone number for insurance company contact

Section III: Contribution Detail

Enter:

- ⇒ Contribution amount received from insurance company seeking tax credit
- ⇒ Authorization tracking number issued by the Division when SGO contacted the Division to verify if tax credit was available (prior to accepting contribution)
- ⇒ Date the authorization tracking number was issued by the Division to the SGO for pending contribution
- ⇒ Date funds were received from the insurance company seeking tax credit
- ⇒ Completing SGO Representative must sign and date form

A copy of the completed receipt must be submitted to the Division by email to SDInsuranceTaxCredit@state.sd.us